

Nacional  Re

Selección Vida



Medication and road safety

THE RIGHT TO BE FORGOTTEN OF CANCER PATIENTS



MEDICATION AND ROAD SAFETY

Traffic accidents are one of the leading causes of death in our country and in a high percentage driving occurs under the effects of medication.

En la conducción automovilística participan tres niveles de actividad: un nivel táctico o de maniobra, que implica el correcto

funcionamiento de la función perceptiva y motora, un nivel de planificación, en el que intervienen las funciones cognitivas y la percepción, y un nivel de control de todas las variables que tienen que integrarse a nivel cognitivo.

Due to the fact that in traffic accidents the human factor is responsible for 90% of the accident rate, both diseases and treatments must be considered road



risk variables that must be taken into account. Despite everything, our country is among the 10 countries with the lowest accident rate in the European Union.

ADVERSE EFFECTS AFFECTING DRIVING

According to data provided by the National Health System, up to 15.3% of Spaniards self-medicate and regularly take medications that have not been prescribed by a professional. A figure that, far from decreasing, is increasing, since if we look back, in 2011 it was only 12.7%.

TABLE 1. ADVERSE EFFECTS THAT MAY PUT DRIVING IN DANGER

Drowsiness
Difficulty with the ability to concentrate
Double visión
Blurry visión
Decreased reflexes
Lack of coordination
Dizzy feeling
instability

According to published data, self-medication is higher in the age group between 15 and 44 years – around 20%- and decreases with age; moreover, it is higher in women compared to men.

Without exception, all medicines, both those that require a prescription and those that do not, indicate in their package leaflet whether or not they reduce the ability to drive safely. In Table 1 we have collected some adverse effects that may influence the ability to drive safely. For this reason, whenever a treatment is started, it is necessary to ask the health professional about the risk of driving while the treatment lasts and, of course, consult the leaflet.

WHAT MEDICINES CAN AFFECT ROAD SAFETY?

Historically, the Netherlands was the first country to introduce a list of drugs that could affect driving ability (1973). In addition to the list, the use of a yellow warning label on the packaging was established. Almost a decade later (1981) Denmark, Finland, Iceland, Norway and Sweden also adopted a warning label.

On the list of drugs that can reduce the ability to drive are, for example, drugs used to fall asleep, anxiolytics, antidepressant, antiepileptic, analgesic, antiparkinsonian or antifu drugs. On the packaging

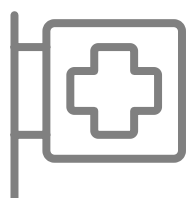


TABLE 2. SITUATIONS OF GREATEST DANGER

At the start of treatment
With dose modification
When multiple medications are taken simultaneously
With alcohol consumption
In situations of fatigue
Elderly people
Lack of coordination
Instability
Feeling dizzy

A DANGEROUS COMBINATION

The General Directorate of Traffic has some figures that reflect the seriousness of associating medication and driving:



5%

of traffic accidents that occur on Spanish roads are related to the consumption of medicines



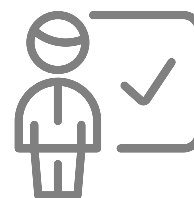
30%

30% of Spanish drivers are under pharmacological treatment and more than 60% of them take two or more drugs simultaneously



20%

One in five traffic accidents occurs because people fall asleep while driving



45%

Receiving information about the effects of a certain drug on driving reduces the annual rate of accidents by up to 45% for each 1,000 inhabitants

of all of them there is a pictogram (a triangle with a car inside) that warns of their potential dangers.

To give us an idea of the seriousness of the situation, just one piece of information is enough: among the hundred most prescribed drugs in our country there are several drugs that interfere with road safety.

It must be borne in mind that the pictogram does not prohibit driving, but it does warn that it is recommended to carefully read the leaflet, which warns about the possible consequences. The Table 2 lists some situations in which greater attention must be paid. Experts warn that there are a series of warning signs that should force you to stop driving:

- Appearance of blurred or double vision
- Difficulty concentrating or staying alert
- Surprise at a regular traffic event (brake, STOP sign or a traffic light)
- Difficulty remembering how the destination was reached Difficulty maintaining a straight trajectory
- Frequent invasions on the opposite road

RECOMMENDATIONS

Finally, to avoid accidents that could endanger life, there are a series of recommendations that should always be kept in mind:

- 1** Avoid self-medication
- 2** Take the medication at the dose and time indicated by the healthcare professional
- 3** Warn the health care provider at the time of prescription that he has to drive a vehicle
- 4** Depending on the type of medication, avoid driving during the first days of treatment or when the dose is increased
- 5** Do not drink alcoholic beverages during the treatment

THE RIGHT TO BE FORGOTTEN OF CANCER PATIENTS

The European Union requires that member countries have, before the year 2025, legislation that prevents discrimination against cancer patients by insurers and banks. In román paladino, patients who have survived a tumor pathology have the right not to be discriminated against when they wish to hire financial products and insurers. And it is that in most cases the candidates are rejected due to reservations or scientifically unfounded fears.

In our country there are already precedents in this sense, in 2018 the Insurance Contract law was reformed (law 4/2018) to include a clause that prevented discrimination against people diagnosed with HIV or AIDS.

right to be forgotten for all cancer patients when ten years have passed since the end of their treatment or five if the diagnosis was before the age of 18. In Spain there is a bill and these terms may be reduced during the parliamentary process.

AN IMPASSABLE BARRIER

Spain, together with Iceland and Malta, appear on the list of countries in which the law on the right to be forgotten has not yet been regulated in this group of patients. In a report published by the Josep Carreras Foundation on patients with leukemia, it shows that 83% of those surveyed, aged between 18 and 35, have had difficulties in taking out life insurance, 51% finding a job and 47 % to access a loan or bank credit.

For this reason, the right to be forgotten continues to be a pending issue in our country, an impenetrable wall that is harming a large group of patients and makes them especially vulnerable.

This right does not mean removing the medical history of the patient, the insurance company must know the candidate's medical history to grant health coverage, but it also has the obligation to justify the condition that poses an obvious risk and that cannot be assumed.

At this time there is sufficient scientific evidence to be able to calculate the risk of recurrence of a person diagnosed with cancer, in relation to the type of tumor, the date of diagnosis and cure. Based on these parameters, it is possible to design reliable and precise tools that can assess risk.

For all these reasons, the European Parliament requests that the laws of each country guarantee the

FRENCH LEGISLATION IS PIONEERING

Insurance companies must have pricing tools that help to assess the risks and the need to establish, or not, premiums on the policies. From the outset, one should not speak of "cancer" but of "cancers", since each one of them is a disease with a different clinical evolution, as well as its own treatments and survival. The fear of the unknown cannot be in any case a selection tool.

And it is that on many occasions the history of having suffered a tumor process in the past, even if more than two decades have passed, becomes an impassable granite slab with an impact on many spheres of the patient's life, from the emotional to the social.

If we compare ourselves with the countries around us, France was the pioneer in legislatively regulating the right to be forgotten in cancer patients in 2016. Six years later, it changed it to five years for all types of cancer and for hepatitis C. Belgium approved its regulations in 2019 and Portugal two years later.

In short, it is urgent and necessary to formalize the right to be forgotten oncology in our legislation, so that looking to the past does not become a punishment and a discriminatory offense.



RATING TOOL

In the past year 2018, anticipating Spanish legislation, our company Nacional Re designed an automatic cancer rater that was incorporated into its DAVINCI tool. In less than a minute, the tool can offer a rating for 806 tumors in three simple steps. Identifying the location of the tumor, the affected organ and the histological type.

With this tool it is possible to obtain the pricing for life and disability guarantees from 10 years after the cure of the disease for those over 18 years of age, and from 5 years on in the event that the diagnosis is made. before the age of majority. In addition, it offers the pricing of accident and ILT guarantees after 5 years of completion of treatment and without recurrences.

CANCER TARIFIER

Select "Location", "Organ affected" and "Tumor type"

Press the "See results button" to know the valuation of aggravation of death, absolute permanent disability, accidents and temporary incapacity for work (ITW) for the type of cancer

LOCATION

Respiratory

ORGAN AFFECTED

Lung

TUMOR TYPE

Carcinoma with pleomorphic elements

View result

CANCER TARIFIER RESULT

Tumor type

Respiratory > Lung > Carcinoma with pleomorphic elements

LIFE AND DISABILITY

After 10 years of being free of disease, the risk can be considered within the normal range, as well as after 5 years (free of disease) if you were diagnosed before the age of 18. Otherwise refuse.

ACCIDENTS AND ITW

After 5 years after finishing treatment and without relapses, NORMAL.

Back to tariff



Manage risk, build the future

Credit Rating

A.M. Best > 'A' stable outlook
S&P Global Ratings > 'A' stable outlook

Solvency II

Ratio between eligible own funds and
SCR > 201.2%

Gross income (before taxes):

23,543,434 €

Accepted reinsurance premiums

690,037,000 €

▲ 9%

Investments

1,397,234,977 €

▲ 10.1%

Total equity

424,984,179 €

▲ 2.7%



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